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STAFFORDSHIRE COUNTY COUNCIL

ANNUAL REPORT

OF THE

School Medical Officer

For the Year 1952

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PUBLIC HEALTH DEPARTMENT




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SCHOOL HEALTH SERVICE STAFF, 1952

County School Medical Officer

G. RAMAGE, M.A. (Admin.), M.D., Ch.B., B.Sc., M.R.C.S.,
L.R.C.P., D.P.H.

Deputy County School Medical Officer

C. D. L. LYCETT, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.

Whole-time Assistant County Medical Officers

(engaged in the School Health Service)

E. O. ASTON, L.M.S.S.A. (Transferred from Part-time 10.3.52).
H. B. BAKER, M.B., B.S., M.R.C.S., L.R.C.P.
A. W. E. BLACK, M.B., B.Ch., B.A.O., D.P.H.
M. BLOOR, M.B., Ch.B.
P. BRODBIN, LL.M., L.R.C.P.I., L.R.C.S.I. (Appointed 12.5.52).
S. CLARK, M.B., B.Ch., B.A.O., D.P.H. (Appointed 5.5.52).
H. G. CRAWFORD, O.B.E., M.C., M.R.C.S., L.R.C.P. (Died 22.1.52).
G. R. DAVIES, B.Sc., L.M.S.S.A.
P. DEAS, M.B., Ch.B., (Appointed 8.9.52, resigned 29.11.52).
B. W. GOODWILL, M.R.C.S., L.R.C.P.
A. R. KENNEDY, M.B., Ch.B., B.Sc., M.R.C.S., L.R.C.P., D.P.H.
(Appointed 1.8.52; resigned 8.11.52, re-appointed 1.12.52).
A. F. MORGAN, M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.
(Transferred to Tamworth—Joint Appointment—16.11.52).
E. M. PRENDIVILLE, L.R.C.P.I., L.R.C.S.I., L.M., D.P.H.
C. S. SMITH, M.B., B.S., M.R.C.S., L.R.C.P.

Assistant County Medical Officers

holding Joint Appointments

(engaged in the School Health Service)

A. W. M. BATTERSBY, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.
(Area Medical Officer and M.O.H. Uttoxeter U.D. and R.D.).
P. J. FITZGERALD, L.R.C.P.I., L.R.C.S.I., D.P.H. (M.O.H.
Willenhall U.D.) (Resigned 26.9.52).
C. FLEMING, M.B., Ch.B., D.P.H., (M.O.H. Rugeley U.D. and
Tutbury R.D.).
J. T. A. GEORGE, M.B., Ch.B., D.P.H. (M.O.H. Coseley U.D.).
F. B. MACKENZIE, D.S.O., M.C., T.D., M.A., M.B., Ch.B., D.P.H.
(M.O.H. Sedgley U.D. and Tettenhall U.D.).
E. P. McWHIRTER, M.B., Ch.B., D.P.H. (M.O.H. Darlaston U.D.).
A. F. MORGAN, M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.
(M.O.H. Tamworth M.B.) (Appointed 17.11.52).
H. TABBUSH, M.B., Ch.B., D.P.H. (M.O.H. Tamworth M.B.
(Resigned 30.6.52).
A. G. THOMSON, M.B., Ch.B., D.P.H. (M.O.H. Stafford R.D.).
E. H. TOMLIN, M.D., Ch.B., D.P.H. (Area Medical Officer and
M.O.H. Cheadle R.D.).
R. WEBSTER, M.B., Ch.B., D.T.M., & H., D.P.H. (Area Medical
Officer and M.O.H. Cannock U.D.).

Part-time Assistant County Medical Officers

(engaged in the School Health Service)

E. O. ASTON, L.M.S.S.A. (Transferred to Whole-time 10.3.52).

M. BAMBER, M.B., B.Ch., B.A.O.

E. N. COSGRAVE, M.B., B.Ch., B.A.O.

I. R. GIFFORD, M.B., Ch.B. (Dental Anaesthetist).

B. HENLY, M.B., Ch.B., M.R.C.S., L.R.C.P.

R. MACAULIFFE, M.B., B.Ch., B.A.O.

T. R. O'DEMPSEY, M.B., B.Ch. (Appointed 1.11.52).

M. M. G. RUSSELL, M.B., Ch.B. (Resigned 27.3.52).

E. G. SHERWOOD, M.R.C.S., L.R.C.P. (Appointed 7.1.52).

M. M. SILLITO, M.B., B.S., M.R.C.S., L.R.C.P.

M. TATE, M.R.C.S., L.R.C.P., D.P.H. (Appointed 6.5.52).

R. D. WILLCOCK, M.B., B.S.

H. M. WILSON, B.A., B.Chir.

Specialists

(engaged in the School Health Service)

COUNTY OPHTHALMIC SPECIALIST :

J. WILLIAMSON, M.B., Ch.B., (Retired 25.10.52).

COUNTY PSYCHIATRIST :

H. S. COULSTING, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.M.
(Appointed 3.3.52).

PART-TIME OPHTHALMIC SPECIALISTS :

A. N. CAMERON, M.B., Ch.B., F.R.C.S., D.O.M.S. (Appointed 19.11.52).

G. F. HAYCRAFT, M.R.C.S., L.R.C.P., D.O.M.S.

H. CAMPBELL ORR, M.B., Ch.B., F.R.F.P.S.

PART-TIME ORTHOPAEDIC SPECIALIST:

*N. HEATH, M.R.C.S., L.R.C.P., F.R.C.S.

PART-TIME E.N.T. SPECIALIST :

W. D. PATERSON, M.B., Ch.B., F.R.C.S. (Appointed 3.12.52).

*Attends County Clinics as Regional Hospital Board
Officer.

County Dental Officer

F. C. WINTER, L.D.S.

Whole-Time Dental Surgeons

J. BRYDONE, L.D.S., R.C.S.
J. BUNCH, L.D.S., R.C.S.
D. E. CHATER, L.D.S., R.F.P.S.
E. COOPER, L.D.S.
J. L. T. DAVIES, L.D.S. (Resigned 29.2.52).
J. W. DAVIES, L.D.S. (Appointed while-time 1.11.52).
F. S. DUCK, L.D.S., R.C.S.
S. FORD, L.D.S., R.C.S.
M. P. HENEHAN, B.D.S. (Resigned 30.9.52).
F. INNES, L.D.S., R.C.S.
J. L. JACQUES, L.D.S., R.C.S.
M. C. LAUDER, L.D.S., R.C.S.
G. P. MACINTOSH, B.D.S. (Appointed 27.10.52).
J. D. NELSON, L.D.S.
T. C. J. PRICE, B.D.S.
L. H. THOMPSON, L.D.S.

Part-time Dental Surgeons

A. M. BLANDFORD, L.D.S., R.C.S. (Appointed 1.12.52).
J. W. DAVIES, L.D.S. (Appointed whole-time 1.11.52).
L. F. KELLY, L.D.S., R.F.P.S.

Medical Auxiliaries

PHYSIOTHERAPIST :

MISS F. M. BARNES.

SPEECH THERAPISTS :

MISS S. M. Y. BAILEY, L.C.S.T.
J. F. BARNARD, L.C.S.T. (Appointed 28.10.52).
MISS H. M. BINKS, L.C.S.T.
MISS D. BOWKETT, L.C.S.T. (Appointed 9.6.52).

EDUCATIONAL PSYCHOLOGIST :

D. MNISZEK, B.A. (Hons.) (Appointed 9.9.52).

SUMMARY OF ASSISTANT STAFF

<i>Staff</i>	<i>Establish- ment</i>	<i>No. Employed on 31.12.52</i>	<i>Equivalent in terms of Whole-time Staff</i>
Asst. School Medical Officers..	22	29	12.79
Dental Surgeons	29	17	15.45
Physiotherapists	1	1	1
Speech Therapists	6	4	4
School Nurses	32.96	116	24.38
Clinic Nurses	6.85	10	6.85
Dental Attendants—Qualified	} 30	3	} 17.45
Unqualified		16	
Clerks	17	18	17

N.B.—Details of the staff in the Newcastle-under-Lyme Excepted District will be found on page 61.

GENERAL INFORMATION

	<i>Urban Areas</i>	<i>Rural Areas</i>	<i>Admin. County</i>
Estimated civilian population of Administrative County (Mid 1951)	639,300	216,900	856,200
Acreage	99,960	585,543	685,503
Density of population per acre	6.40	0.36	1.24
Mean area per person in acres	0.16	2.75	0.80

Estimated School population of Administrative County (inc. Newcastle)	132,877
Estimated School population of Newcastle Excepted District	12,061
Average number on roll (incl. Newcastle)	127,936
Average Attendances (incl. Newcastle)	115,961

Number of schools and departments in the County (incl. Newcastle) :—

Nursery Schools	17	} Total 645
County Primary Schools	268	
Voluntary Primary Schools	235	
County Secondary Modern Schools	84	
Voluntary Secondary Modern Schools	8	
County Secondary Grammar and High Schools	21	
Voluntary Secondary Grammar and High Schools	2	
County Secondary Technical Schools	4	
Special Schools—Residential	3	
—Day	1	
—Hospital	2	

Annual Report of the School Medical Officer

1952

Preface

It is a pleasure to present the annual report for 1952 at this early date when the events referred to are recent enough to be recalled. This is one of the benefits which has been made possible by the reorganisation of the central School Health Section. It will be noted that considerable rearrangements have been made in the presentation of the data which it is hoped will make the report more informative and readable.

The health of the school population during the year under review was good—there was no unusual outbreak of infectious diseases, the reports on nutritional states are good and the general impression of those working with the children is favourable.

During the year there was an increase in the number of routine inspections carried out and, following the policy accepted in 1951, practically every entrant in this year was inspected. This is a more satisfactory state than in recent years, though it is hoped to return to the full number of inspections as soon as sufficient staff is available. There has been a slight increase in staff and considerably more time for routine inspections has been made available by the reduction in the number of school clinic sessions. The number of attendances for the treatment of minor ailments had been dropping for some time and the Council agreed to their being reduced in frequency and number. The new list of clinic times is included in the report.

The Ministry of Education now requires a medical examination of entrants to teachers' training courses and direct entrants to the profession to be carried out by Medical Officers of the Education Authority. 164 such examinations were carried out during the last nine months of the year and no doubt this number will increase in future years.

After 32 years' service, Dr. Williamson, the County Oculist, retired in October. He has included in his last report a few notes comparing conditions now with those he found when he first joined the staff, but here I am concerned to record his long and capable service to the County. His work, as with so much preventative work, was inconspicuous to the public but greatly benefited the sight and therefore the happiness and usefulness of several generations of school children in the County. The Council agreed for the ophthalmic work to be carried out in future in the same manner by part-time Specialists so that the advantages and conveniences of the scheme to children and parents will be maintained.

The report of the County Dental Officer shows that the tendencies of last year and previous years have continued and suggests that the deterioration of the teeth of the school entrants may continue unless checked by preventive dentistry during pre-school life. As it has not been possible to provide a normal dental service, the number of children treated as "specials"—who largely attend because of pain—continues to rise and now constitutes 23.8% of all the children seen. This is hampering the preventive aspect of the dental service and most of the special work comprises extractions. Owing to longer intervals between inspections more work is required for each child and more general anaesthetics are required. This is indicated in the big increase of the latter in recent years.

During the year the first of the two proposed mobile dental clinics was delivered and was put into use in the Newcastle Rural area. It has proved most useful and has been the means of offering treatment in districts where

hitherto it has been impossible. The design and equipment of the unit is the most modern and embodies the experience of mobile units in use elsewhere.

Progress can be recorded in the new services provided recently. The number of children with speech defects whom it has been possible to treat has risen owing to the recruitment of two more speech therapists to the staff and nearly 400 cases were dealt with in the year. Although the full scheme approved by the Council is not yet in operation, it has been possible to investigate a number of maladjusted children. Steps also have been taken to start an audiometric survey of the school population by the appointment of staff and the purchase of apparatus, but during the year under review no work was completed.

The year's working with the reorganisation of the clerical side of the department has resulted in more exact work and a constant effort has been made to keep up-to-date. This has not been easy owing to the continued expansion of the scope of the services and the actual increase in numbers handled and the position is not likely to get easier. The willingness of the clerical staff has formed an effective background to the good work done by the doctors, nurses and teachers, and it is very satisfactory to record the good results of the cordial co-operation of the latter and our colleagues in the Education Department.

G. RAMAGE,

County School Medical Officer.

REPORT

PART I—INSPECTIONS AND OTHER EXAMINATIONS

Table 1. Medical Inspection of pupils attending maintained Primary and Secondary Schools (including Special Schools).

A.—Periodic Medical Inspections.

Number of Inspections in the prescribed Groups :

		1950	1951	1952
Entrants	.. ..	15,360	9,177	9,330
Second Age Group	.. ..	6,262	7,306	6,207
Third Age Group	.. ..	4,613	6,476	5,973
Total		26,235	22,959	21,510

B. Number of other Inspections

Special Inspections	.. ..	55	199	163
Re-inspections	.. ..	13,144	15,929	16,227
Total		13,199	16,128	16,390

C. Pupils found to require treatment.

Number of individual pupils found at periodic medical inspections to require treatment (excluding dental diseases and infestation with vermin).

Group		For defective Vision (excluding Squint)	For any of the other conditions recorded in Table 2	Total Individual Pupils
Entrants	.. ..	253	1,473	1,680
Second Age Group	.. ..	250	422	646
Third Age Group	.. ..	134	136	263
Total		637	2,031	2,589

Source : Statistics compiled centrally from scrutiny of Schedules returned after each school inspection is completed.

Table 2. Return of Defects Found

DEFECT OR DISEASE	PERIODIC INSPECTIONS No. of Defects		SPECIAL INSPECTIONS No. of Defects	
	<i>Requiring treatment</i>	<i>Requiring to be kept under observation but not requiring treatment</i>	<i>Requiring treatment</i>	<i>Requiring to be kept under observation but not requiring treatment</i>
Skin	156	552	4	2
Eyes—				
(a) Vision	637	1,218	17	1
(b) Squint	165	332	1	—
(c) Other	80	228	—	1
Ears—				
(a) Hearing	64	191	—	—
(b) Otitis Media	111	462	1	—
(c) Other	23	111	—	—
Nose or throat.. ..	408	3,103	—	2
Speech	64	324	—	1
Cervical Glands	49	1,101	—	—
Heart and Circulation	29	532	—	1
Lungs	100	1,164	1	11
Developmental—				
(a) Hernia	26	105	—	—
(b) Other	20	356	—	—
Orthopaedic				
(a) Posture	54	345	—	—
(b) Flat foot	216	675	—	—
(c) Other	209	984	—	—
Nervous System				
(a) Epilepsy	4	61	—	—
(b) Other	15	199	—	2
Psychological				
(a) Development	11	155	2	—
(b) Stability	8	178	2	1
Other	117	584	3	6

Source : Statistics compiled centrally from scrutiny of schedules returned after each school inspection is completed.

It was remarked in the last Annual Report that it had been decided to concentrate on the inspection of children in the entrants group and the figures above show the results of this policy. The fact that 15,360 entrants were examined shows that practically all children entering school during 1952 were seen by the Assistant School Medical Officers together with some children missed in previous years due to shortage of staff. This large increase in the number of entrants inspected has adversely affected the numbers examined in the other two groups although with a slightly increased medical staff it has been possible to see more children at periodic medical inspections as a whole. In addition to the increase in medical staff, the re-organisation of the Minor Ailment Clinic sessions which is mentioned later in this report, set free both medical and nursing staff for other work including inspections.

Table 3. Parents attending Periodic Medical Inspections

(1) <i>Age Group</i>	(2) <i>No. of children Examined</i>			(3) <i>No. of Parents Attended</i>			(4) <i>Col. 3 as % of Col. 2</i>		
	1950	1951	1952	1950	1951	1952	1950	1951	1952
Entrants . .	9,330	9,177	15,360	8,298	8,191	13,599	88.94	89.26	88.54
2nd Age Group	6,207	7,306	6,262	2,772	3,278	3,361	44.66	44.87	53.67
3rd Age Group	5,973	6,476	4,613	666	497	390	11.15	7.64	8.45
TOTAL . .	21,510	22,959	26,235	11,736	11,966	17,350	54.77	52.12	66.13

Source :—Statistics compiled centrally from scrutiny of schedules returned after each school inspection is completed.

A comparison, over three years, of the numbers of parents attending with their children at periodic medical inspections in age groups has been set out above. A total of over 70,000 children have been seen during these three years and the percentages have remained constant, particularly in respect of the entrants group.

(b) Table 4. Ascertainment of Handicapped Pupils during 1952

<i>Category</i>						<i>Number of Children Ascertained</i>
Blind	..	..	..	..	..	1
Partially Sighted	..	..	..	..	..	12
Deaf	..	..	..	..	..	6
Partially Deaf	..	..	..	..	..	5
Delicate (incl. Convalescent)	..	..	..	..	..	65
Diabetic	..	..	..	..	..	2
Educationally Sub-Normal and Mentally Defective Children						226
Epileptic	..	..	..	..	..	15
Maladjusted	..	..	..	..	..	34
Physically Handicapped	..	..	..	..	..	77
Speech Defective	..	..	..	..	..	3

Source : Records maintained in the office.

(c) Notification of Handicapped Pupils leaving school to the Youth Employment Service

No. of reports issued for moderately handicapped children	..	..	..	..	..	264
No. of reports issued for severely handicapped children	..	..	..	..	..	20
Total						284

Source : A.S.M.O.'s reports.

(d) Table 5. Miscellaneous Examinations

<i>Type of Examination</i>				<i>Number</i>		
		1950		1951		1952
Aircraft Apprentices	..	6		1		—
Employment Licences	..	1,040		1,293		1,247
Entrance to courses of training for teachers				..	..	117
Entrants to the Teaching Profession				..	..	47
Superannuation	..	526		133		151

Source : Records maintained in the office.

During the year a considerable increase in the numbers of miscellaneous examinations has been caused by the new regulations about the examination of entrants to the teaching profession and to courses of training for teachers which require the examinations to be undertaken by the School Health Service in the majority of instances instead of certain selected general practitioners.

Of the children examined for employment licences, 9 were found unfit.

(e) Home Visiting

Table 6. Details of home visits made by Nursing Staff

<i>Reason for visit</i>	<i>No. of visits</i>
Cleanliness and verminous cases	2,702
Arising out of medical inspections	776
Arising out of attendances at clinics	509
Visual defects	2,502
Tonsils and adenoids cases	282
Orthopaedic defects	126
Scabies cases	88
Ringworm cases	22
Other skin diseases	49
Neglected children	604
Ineffectual visits	428
Total ..	8,088

Source : School Nurses' monthly returns.

PART II—TREATMENT

Table 7—Details of treatment given

DISEASES OF THE SKIN

				<i>No. of cases treated or under treatment during the year</i>	
				<i>By the Authority</i>	<i>Otherwise</i>
Ringworm—(i) Scalp	..	..	12	1	
(ii) Body	..	..	42	—	
Scabies	..	..	102	—	
Impetigo	..	..	616	2	
Other Skin diseases	..	..	5,606	201	
Total				6,378	204

EYE DISEASES, DEFECTIVE VISION AND SQUINT

				<i>Number of cases dealt with</i>	
				<i>By the Authority</i>	<i>Otherwise</i>
External and other, excluding errors of refraction and squint			1,846	270	
Errors of refraction (incl. squint)			2,027	601	
Total				3,873	871

Number of pupils for whom spectacles were

(a) Prescribed	..	..	2,088	292
(b) Obtained	..	..	613	241

The information given for the number of pupils who obtained spectacles is incomplete but it is estimated that almost all children who had spectacles prescribed would in fact obtain them.

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

		<i>Number of cases treated</i>	
		<i>By the Authority</i>	<i>Otherwise</i>
Received operative treatment			
(a) for diseases of the ear	..	—	15
(b) for adenoids and chronic tonsilitis	.. ..	—	2,133
(c) for other nose and throat conditions	.. ..	—	3
Received other forms of treatment		1,726	489
Total		1,726	2,640

ORTHOPAEDIC AND POSTURAL DEFECTS

Number treated as in-patients in hospitals	..	48	
		<i>By the Authority</i>	<i>Otherwise</i>
Number treated otherwise, e.g. in clinics or out-patient depart- ments	.. ..	474	24

CHILD GUIDANCE TREATMENT

		<i>Number of cases treated</i>	
		<i>By the Authority</i>	<i>Otherwise</i>
Number of pupils treated at Child Guidance Clinics	—	4

SPEECH THERAPY

		<i>Number of cases treated</i>	
		<i>By the Authority</i>	<i>Otherwise</i>
Number of pupils treated by Speech Therapists	.. ..	505	52

OTHER TREATMENT GIVEN

				<i>Number of cases treated</i>	
				<i>By the Authority</i>	<i>Otherwise</i>
Miscellaneous minor ailments	..			1,352	253
Respiratory defects	..	..		603	87
Injuries	..	..	..	4,969	871
Debility and malnutrition	..			901	2
Infectious diseases	..	..		—	506
Other	..	..	..	—	534
Total				7,825	2,253

Sources : The statistics for the seven parts of this table have been obtained from :

- Minor Ailment Clinic records kept by School Nurses.
- Cannock Orthopaedic records kept by the Physio-therapist.
- Eye Clinic records kept partly by School Nurses and partly centrally in the office.
- Hospital discharge and out-patient attendances returns.
- Speech Therapy records submitted by the Speech Therapists.
- Certain other statistics maintained centrally.

(a) COUNTY CLINICS

Table 8

SCHOOL HEALTH SERVICE CLINICS

(Less the Excepted District of the Borough of Newcastle)
as at 31-12-52

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Aldridge	Assembly Rooms	9-0—10-30 Wed. weekly	—	—	—
Audley	District Council Office	1-30—2-0 Tues. weekly	—	9-30—12-30 Tue. every 6 to 8 wks.	—
Barton-under- Needwood	Central Hall	2-0—2-30 Tues. fortnightly	—	—	—
Biddulph	Church Hall	9-0—10-30 First Thurs. in month	*	9-30—12-30 Fridays every 2 to 4 weeks	—
Bilston	Centre Health Clinic	9-0—10-30 Daily inc. Sat.	*	1-30—4-0 Mondays weekly	9-30—4-30 Wed. and Thurs. weekly Tues. weekly 9-30—12-00
Brewood	Parish Room	9-0—10-30 Wed. fortnightly	*	9-30—12-30 Tues. every three months	—
Brierley Hill	Fairview, Church Hill	9-0—10-30 Tues. and Thurs. weekly	*	9-30—5-0 Mon. fortnightly	—
Brockmoor	St. John's School	—	*	—	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Brownhills	Mount Zion Primitive Meth. School, High St.	9-0—10-30 Tues. weekly	—	—	—
Cannock	† ‡ (1) Health Department, Church Street (2) Arthur Street, Chadsmoor	9-0—10-30 Mons. & Fris. wkly. 9-0—10-30 Mons. & Weds. wkly. 1-30—2-30 Fridays weekly	— *	2-0—4-0 Fridays weekly	— — 9-30—4-30 Thurs. weekly, except for 4th Thurs. p.m. every other month
	(3) St. John's Institute, Hednesford Rd., Heath Hayes	10-45—12-0 Mon. weekly	—	—	—
	(4) Cannock Rd., Hednesford	10-45—12-0 Wed. and Fri. weekly	*	—	—
Chase Terrace	Infants' Council School	9-0—10-30 Tues. weekly	—	—	—
Cheadle	Carlos Memorial Institute	9-0—10-30 Tues. weekly	*	9-30—5-0 Fridays every 6—8 weeks	—
Cheddleton	Parish Institute	1-30—2-0 Fri. fortnightly	*	—	—
Cheslyn Hay	Junior School	9-0—10-30 Tues. fortnightly	*	—	—
Coseley	Bayer Hall	9-0—10-30 Mon., Wed. and Fri.	9-0—5-0 Daily	9-30—5-0 Mon. every 2—4 wks.	—
Darlaston	Slater Street	9-0—10-30 Mon. & Thurs. weekly	9-0—5-0 Daily	9-30—5-0 Fri. every 3 weeks	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Eccleshall	Methodist School	9-0—9-30 Fri. weekly	—	—	—
Endon	Parish Hall	—	—	9-30—12-30 Tues. every 6 to 8 weeks	—
Featherstone	(1) United Methodist Chapel (2) Featherstone C. School	9-0—10-30 Fri. weekly	*	—	—
Great Wyrley	(1) Landywood School (2) Great Wyrley School	— 9-0—10-30 Mon. weekly 10-45—12-0 Tues. fortnightly	—	9-30—12-30 Tues. every 6 to 8 weeks	—
Halmerend	Primitive Methodist School, High Street	1-30—2-0 Wed. weekly	—	2-0—5-0 Tues. every 6 to 8 weeks	—
Harriseahead	Wesleyan Sunday School, High Street	9-0—10-30 Tues. fortnightly	—	—	—
Huntington	(1) County Secondary Mod. School (2) Junior County Primary School	10-45—12-0 Thurs. weekly	—	—	—
Kidsgrove	(1) Central Methodist School, The Avenue (2) Senior Boys' School	9-0—10-30 Mon. fortnightly	—	—	—
		—	—	2-0—5-0 Thurs. every 2 weeks approx.	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Kingswinford	(1) Wesleyan Methodist Sunday School, Moss Grove	9-0—10-30 Tues. fortnightly	—	—	—
	(2) One in all rooms, Oak Street	—	*	—	—
Kinver	Constitutional Club, High Street	9-0—10-30 Fri. fortnightly	—	—	—
Leek	(1) Cripples' Aid Society Clinic, Salisbury Street	9-0—10-30 Daily except Wed. and Sat.	—	9-30—5-0 every 2—3 weeks Wednesdays	9-30—4-30 Tues. 1-30—4-30 Fri. weekly
	(2) Alsop Street	—	*	—	—
Lichfield	Sandford Street	9-0—10-30 Wed. weekly	*	9-30—5-0 Fri. every 3 weeks, approx.	9-30—4-30 Tues. every 3 weeks, approx.
Longnor	Market Hall	2-0—2-30 Wed. weekly	—	—	—
Lower Gornal	Memorial Hall	9-0—10-30 Fri. fortnightly	—	—	—
Madeley	(1) Village Hall	9-0—10-30 Thurs. fortnightly	—	—	—
	(2) Madeley School	—	—	9-30—12-30 Wed. every 3 months	—
Norton Canes	Trinity Methodist Church Brownhills Road	10-45—12-0 Mon. weekly	—	—	—
Pelsall	Central Hall	9-0—10-30 Mon. weekly	—	—	—
Penkridge	Peace Memorial Hall	9-0—10-30 Thurs. fortnightly	*	—	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Pensnett	St. James United Methodist Schools	Discontinued 21-8-52	*	—	—
Pheasey Estate	2, Crome Road	9-0—10-30 Tues. weekly	2-0—4-30 Tues. weekly	9-30—12-30 Weds., every 3 months	—
Quarry Bank	Mount Pleasant	9-0—10-30 Wed. weekly	*	—	9-30—4-30 Tues. & Fri. weekly
Rowley Regis	‡(1) Carlyle Road, Blackheath	9-0—10-30 Mon. fortnightly	9-0—5-0 Daily alternately as required at each clinic	2-0—4-0 2nd & 4th Tues. in month	—
	‡(2) Mace Street, Old Hill	9-0—10-30 Tues. weekly except 5th in month	Do.	2-0—4-0 1st and 3rd Tues. in month	—
	‡(3) Dudley Road, Tividale	9-0—10-30 Mon. fortnightly	Do.	—	—
	(4) School Room, Knowle Infants' School, Springfield	2-0—2-30 Thurs. weekly	—	—	—
Rugeley	(1) Congregational Sunday School, Heron Court	9-0—10-30 Mon. weekly	*	—	—
	(2) Senior Girls' School	—	—	9-30—12-30 Weds., every 3—4 weeks	—
Sedgley	(1) Bleak House	9-0—10-30 Tues. weekly	—	9-30—5-0 Mon. every 4—6 wks.	—
	(2) Quadrant	9-0—10-30 Weds. fortnightly	*	—	9-30—4-30 Mon. & Fri. weekly

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Shelfield	Lichfield Road	1-30—2-30 Mon. weekly	*	9-30—12-30 Weds. every 2—3 wks.	—
Short Heath	Old Short Heath Church Schools	9-0—10-30 Fri. weekly	*	—	—
Stafford	Lamascote Road	9-0—10-30 Daily inc. Sats.	9-0—5-0 Daily	9-30—5-0 Tues. fortnightly	9-30—4-30 Mon. & Friday weekly 1-30—4-30 Wed. weekly
Stone	(1) St. Michael's Hall	9-0—10-30 Thurs. weekly	—	9-30—12-30 Thurs. every 4—6 wks.	—
Talke	(2) Kitchener Institute New Road, Wesleyan School	—	*	—	—
Tamworth	School of Industry Marmion Street	9-0—10-30 Thurs. weekly	*	9-30—12-30 Mon. every 2 weeks	—
Tettenhall	U.D.C. Offices, Upper Green	9-0—10-30 Thurs. fortnightly	*	9-30—12-30 Wed. every 6—8 wks. Mons. weekly	1-30—4-30
Tipton	‡(1) Central Clinic, Horseley Rd.	9-0—10-30 daily incl. Sats.	9-0—5-0 Daily	10-0—12-30 Tues. weekly	9-30—12-30 Mon. & 9-30—4-30 Thurs. weekly
	(2) Princes End Junior Mixed and Infants' School	9-0—10-30 Mon., Wed., & Sat. weekly	—	—	—
Tutbury	(1) Methodist Sunday School	1-0—2-0 Fri. weekly	—	—	—
	(2) Tutbury Senior School	—	—	9-30—12-30 Weds. every 3 months	—
Tyrley Hales	Village Institute	—	—	9-30—12-30 Wed. every 3 months	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Uttoxeter	Heath House	9-0—10-30 Fri. weekly	*	9-30—5-0 every 4 weeks approx.	—
Walsall Wood	Prim. Methodist School, Lichfield Road	9-0—10-30 Wed. weekly	*	—	—
Wednesbury	(1) Technical School, Albert Street	9-0—10-30 Mon. weekly	—	—	—
	(2) Kings Hill	9-0—10-30 Fri. weekly	—	—	—
	‡(3) Mesty Croft	10-30—12-0 Mon. & Thurs. wkly.	—	—	—
Wednesfield	(1) Wesleyan Sunday School	9-0—10-30 Tues. weekly	—	—	—
	(2) Lichfield Rd. Senior School	—	*	—	—
Werrington	Village School Hall	2-0—2-30 Fri. fortnightly	*	—	—
Willenhall	(1) Nurses Home, Walsall Rd.	9-0—10-30 Mon. and Fri. wkly.	—	9-30—12-30 Thurs. weekly	—
	(2) Albion Road	—	*	—	—
Wordsley	Primitive Methodist Sunday School	9-0—10-30 Mon. weekly	*	—	—

*Dental Clinics are also held on these premises as and when necessary.

†An Orthopaedic and Physiotherapy Clinic is also held daily from 9-0—5-0 except Saturdays.

‡Ultra Violet Light Clinics held on these premises once or twice weekly.

(i) Minor Ailment Clinics

		1950	1951	1952
No. of Clinics..	..	66	65	64
No. of first visits	..	26,160	20,813	21,438
No. of re-visits	..	21,727	34,026	34,518

A reduction in the frequency of the Minor Ailment Clinic sessions came into effect in September in order to free doctors and nurses for other work. The steady reduction in the number of children attending clinics with minor ailments since the commencement of the National Health Service has made this possible although provision had to be made for the growing number of ascertainment, special and miscellaneous examinations carried out during these sessions. 36 clinics were unaffected, 26 had a reduction, 2 were combined with Child Welfare Centres so that the School Clinic was held during the first half-hour of the session, and 1 clinic was discontinued because of the proximity of other clinics. The published times of opening of clinics were limited also so that nurses in particular would be free to carry out visits as soon as all minor ailment and other examinations had been completed.

Table 9. Diseases and Defects found at Minor Ailment Clinics

<i>Disease or Defect</i>					<i>No. of Cases</i>
Defective vision	..	..	..	..	1,630
Blepharitis	..	..	..	..	339
Conjunctivitis	..	..	..	..	284
Other eye defects	..	..	..	..	466
Otitis media	..	..	..	..	415
Enlarged tonsils and adenoids			..	..	716
Other ear, nose and throat defects			..	..	595
Coryza	..	..	..	..	165
Bronchitis	..	..	..	..	336
Asthma..	..	..	..	..	102
Ringworm—Scalp	..	..	..	..	12
Body	..	..	..	..	48
Scabies	..	..	..	..	102

Table 9 cont.

Impetigo	..	..	..	..	..	616
Boils	..	..	..	..	..	578
Septic sores	..	..	..	..	..	2,582
Warts	..	..	..	..	..	950
Other skin defects	..	..	..	..	..	1,496
Burns	..	..	..	..	..	317
Sprains and strains	..	..	..	..	..	549
Major injuries (incl. fractures)	..	..	..	..	..	59
Minor injuries	..	..	..	..	..	4,044
Heart conditions	..	..	..	..	..	74
Infectious diseases	..	..	..	..	..	62
Debility and malnutrition	..	..	..	..	..	901
Deformities	..	..	..	..	..	208
T.B. cervical glands	..	..	..	..	..	58
Fibrositis	..	..	..	..	..	54
Other defects	..	..	..	..	..	3,275
No abnormality detected	..	..	..	..	..	405
Total						21,438

Source : School Nurses' Returns.

(ii) Ophthalmic Clinics

Table 10. Visual and External Eye Defects

	1950	1951	1952
No. of children examined	5,951	7,015	5,827
No. of children attending for the first time	3,585	3,920	3,429
No. of re-visits	2,366	3,095	2,398

Analysis of major defects found among new cases :

Errors of Refraction:—

Hypermetropia	..	..	..	..	..	312
Hypermetropic astigmatism	..	..	..	..	..	158
Compound hypermetropic astigmatism	..	..	..	..	..	189
Myopia	..	..	..	..	..	272
Myopic astigmatism	..	..	..	..	..	52
Compound myopic astigmatism	..	..	..	..	..	64
Mixed astigmatism	..	..	..	..	..	62
Anisometropia	..	..	..	..	..	194

Diseases and abnormalities :—

Lids and Conjunctiva :—

Blepharitis	..	..	..	..	..	..	5
Hordeoli	..	..	..	..	..	..	1
Phlyctenular conjunctivitis				..	..	..	3
Mucopurulent conjunctivitis				..	..	..	2
Bilateral conjunctivitis	..			..	..	..	10
Conjunctivitis	..			..	..	..	2
Follicular conjunctivitis	..			..	..	..	3
Chalazion	..	..	..	..	..	..	1
Ptosis	..	..	..	..	..	..	1
Epicanthus	..	..	..	..	..	..	11
Blocked tearduct	..	..	..	..	..	..	8
Amblyopia	..	..	..	..	..	..	4
Contusion of lids	..	..	..	..	..	..	1

Cornea :—

Nebulae of cornea	..	..	..	..	..	..	4
Adherent leucoma	..	..	..	..	..	..	1

Uvea :—

Choroidal atrophy	..	..	..	..	..	..	2
Choroidal pigmentation	..	..	..	..	..	..	1
Congenital coloboma of iris and choroid	..	..	..	..	..	..	3
Persistent rupture of membrane	..	..	..	..	..	..	1
Albinism	..	..	..	..	..	..	10

Lens :—

Zonular cataract	..	..	..	..	..	..	1
Traumatic cataract	..	..	..	..	..	..	1
Congenital cataract	..	..	..	..	..	..	1

Retina :—

Congenital coloboma of maculae	..	..	..	..	..	..	1
Lesion of Macula	..	..	..	..	..	..	1
Congenital coloboma of disc	..	..	..	..	..	..	2

Nerve :—

Optic neuritis	
----------------	----	----	----	----	----	----	--

Muscles :—

Squint	..	..	..	..	..	..	172
Nystagmus	..	..	..	..	..	..	4
Exophoria	..	..	..	..	..	..	1
Paralysis of L. Ext. Rectus	..	..	..	..	..	..

Globe :—

Injury	..	..	..	..	..	..	1
Anophthalmos	..	..	..	..	..	..	2

As has been mentioned Dr. Williamson retired in October and he thought that it might be interesting to comment on two factors which he had noted during his term of office :

“ The first is the change in the attitude of the parents today regarding the wearing of glasses. Although naturally upset to learn that a child has defective vision, they are, in most cases, desirous that the defect should be corrected. This is especially so in cases of squint. As a result of the advice given at the Infant Welfare Centres, most of these cases are treated soon after the squint is noticed and hence many children are saved from having an amblyopic eye. Formerly a great deal of persuasion was required to convince a parent that the child’s vision was defective and the wearing of glasses a necessity.

The other remarkable feature is the decline in the incidence of phlyctenular disease. In 1921 twenty-seven cases of phlyctenular keratitis were treated at the clinics—many of them chronic cases who suffered from frequent relapses. There has been a reduction in the numbers of such cases since 1927 and notably since 1938. In 1951 only one case of phlyctenular conjunctivitis was seen—a very mild attack which cleared up in a few days. This, I think, is another indication of the improved standard of nutrition in the school child of today.

I would like to acknowledge here the co-operation and courtesy I have received from the teachers throughout the county.”

(iii) Cannock Orthopaedic Clinic

Table 11. Statistics for 1952

No. on register at end of December, 1952	..	156
No. of new cases	.. .. .	78
No. of children discharged cured	... ..	51
No. of cases lost sight of, etc.	.. .. .	32
No. of attendances for physiotherapy	..	2,322
No. of attendances for ultra violet light treatment	.. .. .	1,685
No. of examinations by Orthopaedic Surgeon		494

Source : Physiotherapist’s returns.

Table 12. Defects treated during 1952

Anterior poliomyelitis	..	..	..	8
Erb's Palsy	..	..	..	1
Scoliosis	..	..	..	2
Kyphosis	..	..	..	4
Slack back	..	..	..	5
Genu valgus	..	..	..	43
Genu varum	..	..	..	3
Hallux valgus	..	..	..	3
Flat feet	..	..	..	91
Pes cavus	..	..	..	5
Hammer toes	..	..	..	4
Talipes equino varus	..	..	..	11
Talipes calcaneo valgus	..	..	..	4
Dislocation of hip	..	..	..	3
Torticollis	..	..	..	4
Brevicollis	..	..	..	1
Congenital absence of right forearm	..			1
Cut tendon	..	..	..	1
Multiple exostosis	..	..	..	1
Exostosis os calcis	..	..	..	3
Osteomyelitis	..	..	..	1
Other conditions	..	..	..	8
Total	..	..		207

Source : Physiotherapist's returns.

(iv) Ear, Nose and Throat Clinics

At the beginning of December Mr. Paterson took up his duties as part-time County Ear, Nose and Throat Specialist. The significance of any statistics collected over so short a period would be very doubtful and therefore none have been included here.

(v) Psychiatric Clinics

No. of children under observation by the County Psychiatrist and/or A.S.M.O.'s	..	103
No. investigations by the County Psychiatrist		106
No. of children attending Child Guidance Clinics outside the Administrative County		4

(vi) Speech Therapy Clinics

Table 13. Summary of Statistics relating to children attending County and other Clinics during the year

<i>County Clinics</i>	<i>No. of treatments given</i>	<i>No. of children under treatment at 31.12.52</i>	<i>No. of new cases during the year</i>	<i>No. of children discharged during the year</i>
Bilston	1,231	81	32	24
Chadsmoor	401	45	32	21
Leek	70	9	10	1
Lichfield	402	49	42	18
Quarry Bank	375	41	44	3
Sedgley	790	46	28	7
Stafford	980	95	69	25
Tettenhall	50	7	10	3
Tipton	271	24	30	6
	<u>4,570</u>	<u>397</u>	<u>297</u>	<u>108</u>

Source : Speech Therapist's returns

<i>Hospital or Authority</i>	<i>No. of children under treatment at 31.12.52</i>
Birmingham Children's Hospital	21
Stoke-on-Trent Education Authority	12
Wolverhampton Royal Hospital	19

Source : Notifications from the Hospital or Authority concerned.

Table 14. Diagnoses of children attending County Clinics during the year

Stammering	209
Stammering and dyslalia	13
Cluttering	2
Multiple dyslalia	175
Simple dyslalia	54
Dysenia	3
Cleft palate	14
Excessive nasality	9
Insufficient nasality	7
Dysphonia	3
Dysarthria	2
Psychological maladjustment	2
Dysphasia	2
No defect found	10

Source : Speech Therapist's Returns.

During the year two Speech Therapists have joined the staff although one will devote part of his time to the Excepted District of Newcastle-under-Lyme. The result has been an increase in the number of children seen and the number of treatments given. It has been possible to open the following new clinics on the dates stated :

Leek—7th November

Quarry Bank—20th June

Tettenhall—16th June

Tipton—16th June

and it is hoped to open two more clinics at Kidsgrove and Cheadle in the near future.

(b) Hospital Treatment

(i) TREATMENT OF TONSILS AND ADENOIDS

	1950	1951	1952
No. of children referred by A.S.M.O's	1,734	647	443
No. of children so referred who received operative treatment	1,038	144	144
Total number of children who received operative treatment	3,214	1,852	2,133

(ii) ORTHOPAEDIC TREATMENT	1950	1951	1952
No. of children referred to hospitals	290	375	374

(iii) ORTHOPTIC TREATMENT

<i>Hospital</i>	<i>No. of children referred to hospitals</i>		
	1950	1951	1952
Dudley Guest Hospital ..	3	6	9
North Staffs. Royal Infirmary	—	—	1
Staffordshire General Infirmary	—	4	21
Walsall General Hospital ..	—	—	1
West Bromwich and District General Hospital	24	12	8
Wolverhampton Eye Infirmary	14	16	25
	—	—	—
	41	38	65
	—	—	—

PART III—REPORT OF THE SENIOR DENTAL OFFICER

Statistical Survey

Out of an estimated school population of 120,816 a total of 55,468 children received the benefit of a dental inspection during the period under review. Of these 48,680 were routine cases and were inspected in school, whilst 6,788 were special cases and these were inspected at the Clinics. 36,346 children were found to have dental defects and of these 33,235 were issued with parental consent forms. The difference between these numbers is arrived at by not issuing consent forms to 3,111 children for the following reasons.

- (a) Already receiving treatment from private sources.
- (b) Children who are physically or temperamentally unsuitable for treatment at a School Clinic.
- (c) Children who, by reason of persistent refusal, have reached a condition whereby the permanent dentition is beyond remedial treatment.
- (d) Children whose dental defects are of such a minor nature that no treatment is indicated.

Of the 33,235 children referred for treatment a total of 28,441 actually received same. The number of attendances made by the children was 39,984. Parents to a total of 10,770 accompanied their children at the time of treatment. The average number of fillings inserted per visit for children attending for fillings was 1.5, whilst the extraction rate per visit was 1.8. At 249 schools or departments, the treatment of the pupils therein was completed during the year thus leaving 355 schools or departments who were deprived of this benefit. It may be mentioned in passing that 97 schools have remained untreated since 1948, 15 since 1949 and 63 since 1950.

Special Cases

The number of special cases which presented themselves for treatment at the Clinics during 1952 numbered 6,788, compared with 6,246 during the last year.

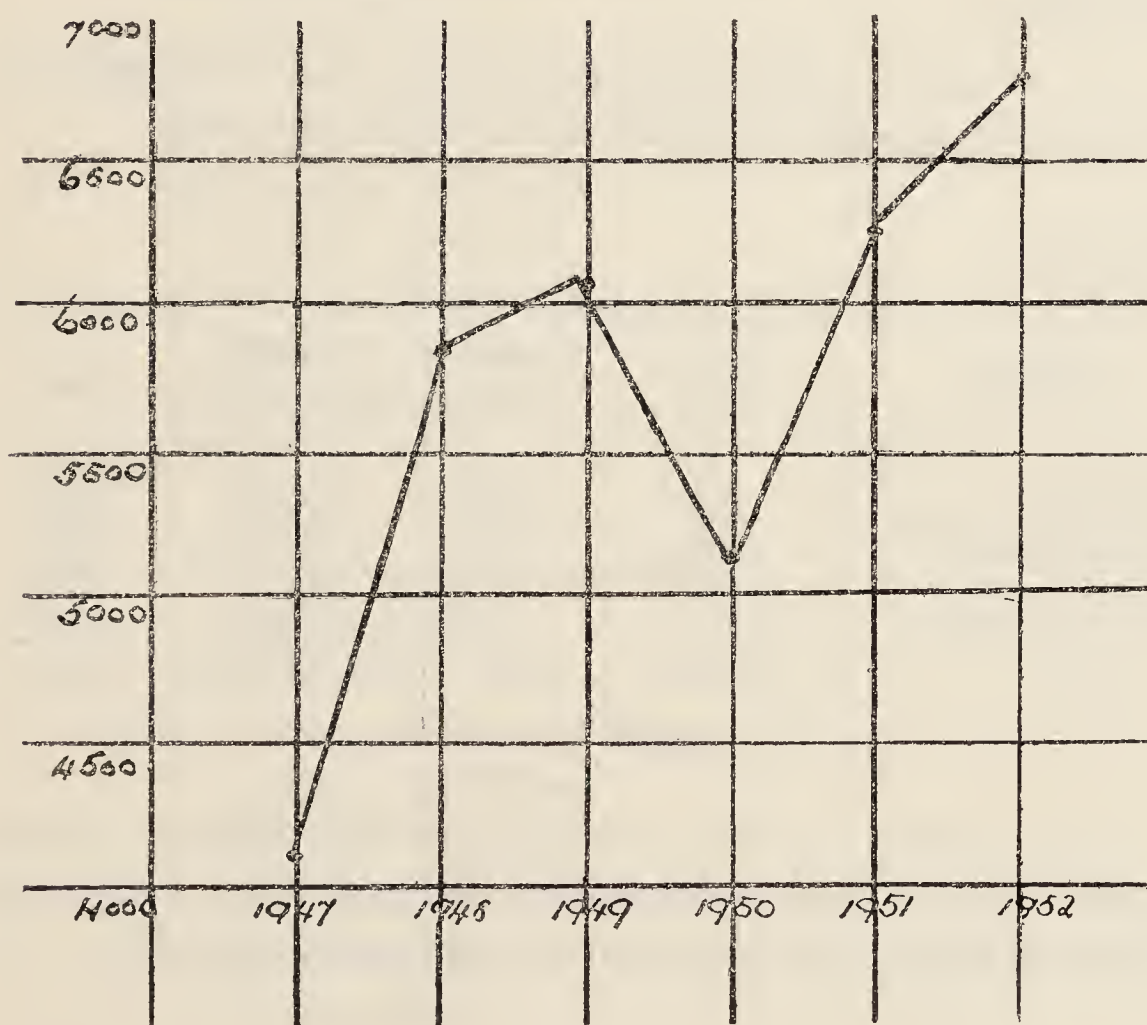
These special cases consist in the main of two classes of patients :

- (a) Those who seek treatment for the relief of pain or some other urgent condition.
- (b) Those who are found by the Medical Officers during their school inspections to present dental conditions prejudicial to their general well being.

Where the interval between treatments does not exceed 12 months the ratio between routine cases and specials remained more or less a constant. On the other hand, where the intervals between treatments exceeds 12 months the number of special cases increases in direct proportion to the length of the intervals. In 1947 the interval between treatment was roughly 15 months but now in 1952 the intervals average nearly two years.

The result of this is well illustrated in the graph shown below.

GRAPH SHOWING THE INCREASE IN THE NUMBER OF SPECIAL CASES DURING THE PERIOD 1947—1952



The numbers of special cases presenting themselves for treatment, often without notice, is seriously tending to disrupt routine treatment sessions. Normally a Dental Surgeon makes sufficient appointments to occupy him for the whole of a routine treatment session and in the event of 4 or 5 special cases presenting themselves he is faced with two alternatives neither of which is satisfactory. The Surgeon can either make an appointment for the special cases to come at a later date, but in view of the fact that the child is often in pain, this is a procedure to be deprecated. Or, he can dismiss one or two of his routine cases untreated which often leads to complaints from the Head Teachers relative to wasted school time.

Special cases have now reached a stage where they represent 23.8% of the whole of the children treated.

Treatment

An analysis of the treatment carried out classified into the type of operation is given in the following table.

Table 15.

<i>Children Treated for :—</i>	<i>Special cases</i>	<i>Routine cases</i>	<i>Further Appointments</i>	<i>Total</i>
Fillings only	173	8,170	3,028	11,371
Fillings & extractions ..	15	2,254	590	2,859
Extractions only	4,936	9,871	3,259	18,066
Orthodontics	67	—	3,586	3,653
Sundry operations	1,597	1,329	1,109	4,035
TOTAL	6,788	21,624	11,572	39,984

As a result of the increasing interval between treatments there is more work to be done for each individual child and this is well illustrated in the following table,

Table 16. Showing average number of extractions and fillings performed per 100 children during the period 1947—1952

<i>Nature of Operation</i>	1947	1948	1949	1950	1951	1952
Fillings in permanent teeth ..	93.4	83.1	85.9	87.3	88.3	78.0
Fillings in temporary teeth ..	1.9	1.2	1.3	2.3	2.0	1.3
Extractions of permanent teeth ..	12.2	13.7	12.2	14.9	14.2	17.3
Extractions of temporary teeth ..	110.1	119.0	111.4	118.5	126.0	130.0

It will be observed from this table that due to the protracted intervals between inspections that the treatment emphasis passes from fillings to extractions.

Operations performed during the year comprised :

- 4,378 Amalgam fillings
- 16,884 Cement lined amalgam fillings
- 1,269 Silicate fillings
- 2 Root fillings
- 37,864 Temporary teeth extracted
- 4,900 Permanent teeth extracted
- 224 Scalings of teeth
- 14 Teeth trimmed
- 228 Gum treatments
- 4 Crowns fitted
- 496 Other dressings
- 25 Trys in
- 16 Dentures eased
- 489 Regulation plates fitted
- 1 Swab taken
- 146 X-rays
- 3 Arrest of haemorrhage
- 1 Obturator fitted
- 1 Removal of flap
- 3 Removals of sutures
- 1 Apicectomy
- 6 Oral screens

909	Impressions
5	Bites
131	Fillings polished
1	Root dressing
3	Sockets syringed
135	Dentures fitted
17	Repairs to dentures
3,069	Regulation supervision
2,808	Applications of silver nitrate
16	Polishings of teeth
4	Retractions of gum
4	Sockets plugged
3	Removal of fraenum
2	Cauterization of ulcer
33	Repairs to regulation appliances
1	Sundry

In addition to the above advice was given on 1,589 occasions.

Staff

It was hoped that the year 1952 would prove to be a period during which the Staff position would materially improve. Unhappily this hope has not been realised. It seemed reasonable to assume that with the narrowing gap between the incomes of the Public Dental Officers and the private practitioners such dental surgeons as were seeking posts would no longer regard the School Health Service with disfavour. This has happened to a certain extent in the County as a whole, but these officers mostly appear to have gravitated to more salubrious districts than the Midlands industrial belt.

During the period under review two full-time Officers have resigned their appointments but this has to a certain extent been counterbalanced by the appointment of one full and one half-time Officer. In addition to this, an Officer who was working nine sessions a week has reverted to a full-time basis. Therefore, these changes which are detailed elsewhere, have, in the aggregate, resulted in loss of the equivalent of 4/11 of a full-time officer.

The approved establishment is 29 Assistant Dental Officers but during the year the equivalent of $13\frac{3}{4}$ officers were engaged in School Health duties. This gives a ratio of one officer to 8,763 children against the desideratum of 1 to 3,000.

The average age of the Staff is 45, which may be regarded as being too high to maintain the ideal balance whereby the drive and energies of youth will compensate for the reduced powers of advancing years.

As regards the future prospects there appears little grounds for optimism and none at all for complacency.

Areas

In five areas namely : Leek, Cannock No. 1, Wednesbury, Bilston, and Wednesfield routine treatment has remained suspended during the whole of the year. In addition routine treatment was suspended in Tamworth since the 1st March and Darlaston since October 1st. On the other hand routine treatment was resumed at Shelfield at the end of October. As far as a depleted staff would allow arrangements have been made for visits to the closed areas to be paid by Dental Surgeons for the purpose of treating emergency cases. In all areas which have continued normal activities the school population is too great to allow the officer to complete the round within twelve months. In many cases the round now occupies over two years. As it is estimated that the school population will not have reached its peak until 1956, it is only reasonable to assume that each year the completion of the area circuits will take even longer. It is, of course, realised that the solution to this aspect of the dental problem lies in breaking these areas into smaller units but the critical staff position precludes this.

Acceptance Rate

The percentage of children accepting and actually receiving treatment was 85.5 compared with 88.6% obtained during the previous year. It has been pointed out in previous

reports that variations in the acceptance rate occur early, and that these variations can generally be attributed to a variety of reasons. In the case in point the drop in the acceptance rate is more apparent than real for the following reason. During the closing month of the year an abnormal amount of sickness occurred amongst the Dental Attendants which resulted in some of the Dental Surgeons having to work single handed. As it is considered most undesirable that Dental Surgeons should carry out operative treatment without the presence of a third person, the energies of the Officers concerned were directed towards inspection duties. This resulted in a much larger carry over to the next year of untreated cases than usual with a consequent adverse effect on the acceptance figure.

Routine inspections have produced little evidence that children, in appreciable numbers, are successful in obtaining comprehensive treatment through the medium of the National Health Service Act. This Act has been in operation for a period of four years and it has become apparent that it is in no way taking the place of the dental section of the School Health Service. Had this been the case the fact would have been reflected in the acceptance rate and a marked fall would have followed but in fact the reverse has followed as may be seen from the following figures :

1947—75.5%	acceptances
1948—80.9%	„
1949—84.3%	„
1950—82.7%	„
1951—88.6%	„
1952—85.5%	„

A total of 48 schools obtained 100% acceptances of treatment and the acceptance rate of all schools treated during the year are tabulated in the following table.

Table 17. Showing acceptance rate for all Schools treated during 1952.

<i>Acceptance rate obtained</i>	<i>No. of Schools</i>	<i>Acceptance rate obtained</i>	<i>No. of Schools</i>	<i>Acceptance rate obtained</i>	<i>No. of Schools</i>	<i>Acceptance rate obtained</i>	<i>No. of Schools</i>
100 %	48	87 %	4	74 %	4	61 %	1
99 %	7	86 %	8	73 %	3	60 %	2
98 %	1	85 %	8	72 %	5	59 %	1
97 %	9	84 %	6	71 %	2	58 %	4
96 %	9	83 %	10	70 %	1	57 %	—
95 %	10	82 %	6	69 %	—	56 %	1
94 %	7	81 %	5	68 %	3	55 %	1
93 %	8	80 %	8	67 %	—	54 %	2
92 %	10	79 %	4	66 %	3	53 %	—
91 %	5	78 %	2	65 %	3	52 %	—
90 %	9	77 %	4	64 %	—	51 %	6
89 %	5	76 %	5	63 %	—	and	
88 %	4	75 %	4	62 %	1	under	

Incidence of Dental Caries

The survey of the 5 year age group introduced in 1947 has been continued and the findings are shown in the comparative table given below :

Table 18. Showing the dental condition of the entrant class 5 year age group

<i>Year</i>	<i>No. of children examined</i>	<i>No. with sound dentitions</i>	<i>No. with one tooth decayed</i>	<i>No. with two teeth decayed</i>	<i>No. with three teeth decayed</i>	<i>No. with four or more teeth decayed</i>
1947 %	3,920	1,519 38.9	525 13.4	566 14.4	434 11.0	876 22.3
1948 %	5,392	1,710 31.7	603 11.2	858 15.9	581 10.8	1,640 30.4
1949 %	4,068	1,333 32.8	508 12.5	552 13.6	354 8.7	1,321 32.4
1950 %	4,094	1,218 30.0	431 11.0	653 16.0	360 9.0	1,402 34.0
1951 %	3,673	1,017 27.7	400 10.9	546 14.8	426 11.6	1,281 35
1952 %	4,626	1,073 23.2	426 9.2	607 13.1	508 10.9	1,915 41.1

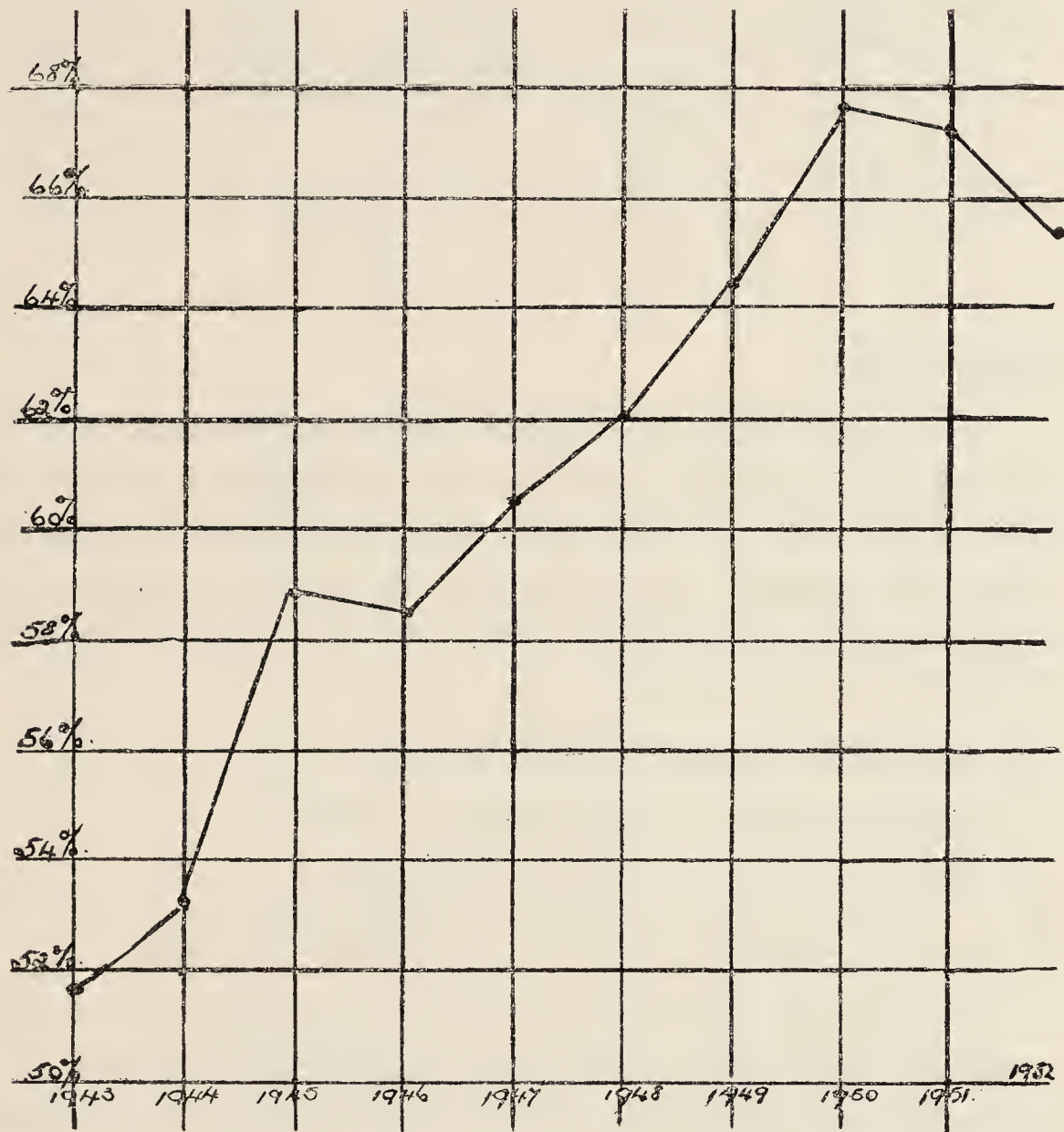
For the purpose of this survey any tooth showing the slightest signs of decay has been regarded as being carious and has been recorded as such. Emerging from the figures shown in the table is the unpalatable fact that 15.7% less children are entering school with sound dentitions than there were 7 years ago. Even more disturbing is the fact that the percentage of children entering school life with 4 or more teeth decayed has soared from 22.3 to 41.1 during the same period. It is an accepted fact that diet occupies the pre-eminent position as the causative factor of dental caries. This being the case it is somewhat difficult to explain the marked deterioration that has occurred taking into consideration there has been no major change in the dictetic habits of the nation during this period.

During the tooth forming period of the lives of these children the State has made available, through the medium of the Welfare Services, ample supplies of vitamin concentrates. If the parents have availed themselves of the opportunities thus provided the end result does not appear to be reflected in the structure of the teeth of these children.

As regards the school population as a whole, the percentage of children showing dental defects is 65.5 as against 67.2 last year. The average percentage for children having defects for the whole of England and Wales for the year 1951 was 66.5. It is gratifying to observe that for the last two years there has been a decline in the number of children presenting dental defects and it is reasonable to hope the peak has now been passed and that the future holds promise for a continual improvement.

The accompanying graph illustrates the points mentioned above :

GRAPH SHOWING INCIDENCE OF DENTAL CARIES FOR ALL AGE GROUPS AS A WHOLE



The special investigation requested by the Ministry of Education into the dental condition of the 5—12 year age groups has been continued and the findings are tabulated below :

Table 19

<i>Age Group</i>	<i>No. of children examined</i>	<i>No. of decayed missing or filled teeth</i>	<i>No. of children showing no decayed missing or filled teeth</i>	<i>% of children showing no decayed missing or filled teeth</i>	<i>Average No. of decayed missing or filled teeth per child</i>
5	4,685	27,222	1,139	24.3	5.8
12	2,526	6,435	537	21.3	2.5

Orthodontics

It is a matter for regret to have to record that the progress in the development of the Orthodontic Section has been halted due to Staff depletion. Orthodontic treatment under the present circumstances cannot be offered as a routine matter but patients enter into the orbit of the scheme through the following sources :

- (a) By direct request of the parent.
- (b) Referred by the School Medical Officer
- (c) Referred by the Speech Therapist
- (d) At the request of private dental practitioners.

Even with these recommendations a child is not automatically accepted into the scheme. Reference is first made to its history and if it is found that it has been a persistent refusal, a spasmodic acceptor or intractable, treatment is not undertaken. Acceptance into the scheme may be regarded as a warrant of past conscientious acceptance of treatment. In spite of this screening the treatment of 24 children was discontinued due to lack of co-operation on the part of the child and parent.

A total of 149 cases treated by appliances was completed during the year.

A comparative summary of the work performed is shown in the following table :

Table 20

Year	No. of children treated by ex-tractions only	No. treated by ex-tractions and appliances	No. treated by appliances only	Extractions for the purpose of regulation		Attend-ances for regulation super-vision	Total attend-ances for all purposes	Sessions devoted to the work
				Temp.	Perma-nent			
1947	509	91	154	322	439	1,735	2,795	280
1948	574	110	170	394	606	1,683	2,631	160
1949	444	37	212	442	247	1,565	2,366	247
1950	637	70	296	629	462	3,140	4,192	372
1951	892	92	386	1,067	630	3,677	5,773	525
1952 .. .	946	74	258	1,185	336	3,069	4,347	313

495 removable appliances were fitted during the year and repairs to 33 appliances were completed. In addition 135 dentures were fitted mainly as a space maintaining mechanism for children who had prematurely lost one or more front teeth : 17 repairs to these dentures were necessitated due to accidental fracture. The appliances and dentures were constructed in the County Dental Laboratory.

General Anaesthetics

Due to the increasing and undesirably long intervals between treatments more cases are coming to light which present conditions which contra-indicates the use of a local anaesthetic. Consequently in these cases there is no alternative but to use a general anaesthetic. Attention has already been drawn in previous reports to the increasing degree where the use of a general anaesthetic is an essential or an advantage. The actual administrations have been performed by members of the medical Staff who have had good experience or have been specially trained in these duties. It has been found that it is a great advantage if the same doctor attends the same Clinics as he or she becomes familiar with the operative technique of the Dental Surgeon and they work together as a team. This may appear to be a simple matter of no particular significance but experience has shown that it leads to the smooth working of the session which could otherwise prove to be something of an ordeal for both operator and anaesthetist. The increasing number of general anaesthetic cases is leading to an increased call upon the manpower of the Medical Staff but all requests for their services have been granted. From the reports of the Dental Surgeons it is apparent that the help given by the Medical Staff is greatly appreciated and that the sessions proceed with complete lack of friction and unaccompanied by any untoward events.

The number of administrations performed during the year was 4,900, which is the highest yet achieved.

In the main, the anaesthetic used was nitrous oxide and oxygen, but in difficult cases Vinesthene was used as an alternative.

X-Rays

As an extension to the existing skiographic service a new X-Ray unit was installed early in the year at Stafford Clinic. Unfortunately owing to resignations the units at both Stafford and Bilston have only been in partial operation. Therefore instead of being a year of expansion of the service it has proved to be one of diminution. The number of patients referred for an X-Ray report totalled 89 and the number of films exposed was 169.

Mobile Clinics

The first mobile clinic was delivered in late October and has been stationed in the Audley, Kidsgrove area. It is of the latest design containing three rooms, namely, Waiting, Surgery and Recovery rooms. The surgery has been fitted with modern equipment and coupled with the electric and plumbing installation offers favourable comparison with any static clinic and most private practices. Although the unit has only been in operation but a short time it is already evident it is going to serve a most useful purpose. General anaesthetic sessions have already been held with success, a thing which hitherto was impossible owing to paucity of accommodation.

Table 21. Summary of Dental Statistics

(1) Number of children who were :—					
(a) Inspected by the Dentist :					
Routine age groups	..	..	..	48,680	
Specials	..	..	..	6,788	
Total inspected	..	..	..	55,468	
(b) Found to require treatment		..	..	36,346	
(c) Referred for treatment	..	..	..	33,235	
(d) Actually treated	..	..	..	28,441	
(2) Half-days devoted to	{ Inspection 451 Treatment 5,050 }			Total	5,501
(3) Attendances made by children for treatment	39,984				

(4)	Fillings, Temporary teeth filled	361			
	Total number of fillings in temporary teeth ..	371			
	Permanent teeth filled ..	20,535			
	Total number of fillings in permanent teeth ..	22,162			
	Grand total of fillings ..	..	..	..	22,533
(5)	Extractions	{ Temporary teeth 37,864 Permanent teeth 4,912 }	Total	42,776	
(6)	Administration of general anaesthetics for extractions .. .. .	..	..	..	4,900
(7)	Other operations	{ Perm. teeth 5,992 Temp. teeth 2,808 }	Total	8,800	

PART IV—INFECTIOUS DISEASE

(a) Summary of Notifications from Head Teachers

Table 22. Comparative Statistics 1948-1952. Suspected cases of infectious disease

	1948	1949	1950	1951	1952
Scarlet fever ..	1,090	578	686	646	725
Scarlatina	—	—	—	—	34
Diphtheria	90	31	41	71	23
Measles	2,457	2,674	3,142	5,097	2,313
German measles ..	797	78	212	1,741	1,930
Whooping cough ..	1,192	679	1,354	1,745	911
Mumps	4,058	848	2,237	2,240	1,963
Chicken-pox	3,322	1,613	2,276	4,088	4,762
Influenza	37	101	109	2,288	80
Scabies	124	19	5	9	4
Infantile paralysis	7	16	87	3	7
Meningitis	—	—	6	2	4
Impetigo	3	9	6	4	9
Ringworm	—	3	2	6	3
Jaundice	—	24	66	23	10
Pink eye	—	11	3	—	—
Conjunctivitis ..	—	—	—	4	7
Dysentery	—	—	—	97	18
Paratyphoid	—	—	—	2	—
TOTALS ..	13,177	6,684	10,232	18,066	12,803

Source : Weekly returns from Head Teachers.

There has been a considerable reduction in the total number of suspected cases of infectious disease reported by Head Teachers, but as there is reason to believe that the figures are not complete only a general significance can be attached to them.

No schools or departments were closed during the year on account of infectious disease.

Table 23. Number of Suspected Cases of Infectious Diseases Notified by Head Teachers, 1952

Disease	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Scarlet fever ..	72	59	92	34	51	43	60	—	37	68	111	98	725
Scarletina ..	2	4	4	2	2	—	1	—	3	—	6	10	34
Diphtheria ..	4	5	4	2	—	1	1	—	—	2	2	2	23
Measles ..	181	330	268	149	334	185	126	—	16	66	193	465	2,313
German measles ..	32	152	560	290	495	200	131	—	20	15	13	22	1,930
Whooping cough ..	77	108	89	92	85	81	70	—	30	53	122	104	911
Mumps ..	121	224	260	117	124	210	222	—	61	126	243	255	1,963
Chicken pox ..	123	353	601	357	401	424	568	—	147	516	591	681	4,762
Influenza ..	25	2	39	—	1	1	—	—	1	2	7	2	80
Scabies ..	—	—	—	—	—	—	2	—	—	—	—	2	4
Infantile paralysis ..	—	—	—	—	—	—	1	—	—	3	3	—	7
Meningitis ..	—	—	—	—	—	1	1	—	—	1	—	1	4
Impetigo ..	—	—	—	—	2	—	3	—	—	1	2	1	9
Ringworm ..	—	—	1	—	—	—	1	—	—	—	1	—	3
Jaundice ..	—	5	1	—	1	—	1	—	—	—	1	1	10
Dysentery..	—	—	5	3	8	—	2	—	—	—	—	—	18
Conjunctivitis ..	3	1	3	—	—	—	—	—	—	—	—	—	7
Totals ..	640	1,243	1,927	1,046	1,504	1,146	1,190	—	315	853	1,295	1,644	12,803

Source : Weekly returns from Head Teachers.

(b) Vaccination

Table 24. Number of children found to have been vaccinated when examined at the periodic medical inspection

Age Group	No. examined	No. vaccinated	No. unvaccinated	Percentage unvaccinated				
				1948	1949	1950	1951	1952
Entrants ..	15,360	4,723	10,637	66.4	66.1	67.6	70.3	69.3
2nd Age Group	6,262	2,333	3,929	66.3	65.3	66.1	70.8	62.7
3rd Age Group	4,613	1,482	3,131	66.2	62.2	65.8	63.1	67.9

Source : Statistics compiled centrally from scrutiny of schedules returned after each school inspection is completed.

(c) Diphtheria Immunisation

Table 25. Number of children (5—14 years) immunised during the year.

Complete Immunisation ..	6,400
Re-inforcement doses ..	15,313

Source : Staffordshire Health Department Statistics.

(d) Tuberculosis

Table 26. Summary of Reports received from Chest Physicians

Number of children on Dispensary registers				
at the end of 1952 .. ..	..	..	..	343
Number of new cases during the year ..	..	..	..	82
Number of old cases during the year ..	..	..	..	332
Suspected cases (under observation) at the				
end of 1952 .. ..	..	..	..	148
Cases found to be non-tubercular during 1952	..	..	..	906
Number of deaths (diagnosis not confirmed)	..	..	..	3
Number in Sanatoria at the end of 1952 ..	..	..	..	26
Number in Orthopaedic Hospitals at the end				
of the year .. ..	..	..	..	10
Number discharged having recovered ..	..	..	..	14
Number discharged having left the district	..	..	..	4

Diagnosis of cases undergoing treatment at the end of the year :

Pulmonary (incl'd'g pleura & intrathoracic glands)		184
Non-pulmonary :	Bones and joints ..	58
	Glands	87
	Abdomen	9
	Miscellaneous ..	5

Source : Quarterly returns submitted by Chest Physicians.

PART V—GENERAL HEALTH

(a) Table 27. Classification of the General Condition of Pupils inspected during the year at periodic medical inspections

Age Groups	No. of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	15,360	8,000	52.09	7,043	45.85	317	2.06
Second Age Group	6,262	2,595	41.44	3,544	56.60	123	1.96
Third Age Group	4,613	1,628	35.29	2,828	61.31	157	3.40
TOTALS ..	26,235	12,223	46.59	13,415	51.13	597	2.28

Source : Statistics compiled centrally from scrutiny of schedules returned after each school inspection is completed.

Too much reliance on the significance of these figures has its pitfalls for reasons which were given in the 1951 Annual Report ; however the fact that there has been an increase in the percentage in Category “A” (all groups) from 35.07% in 1951 to 46.59% in 1952, accompanied by a drop from 3.03% to 2.28% in Category “ C ” can be said to show that the general condition of pupils attending Staffordshire schools has at least been maintained and would appear to have improved.

(b) Table 28. Milk in Schools Scheme

<i>Type of Milk</i>	<i>No. of Suppliers</i>	<i>No. of Schools Supplied</i>	<i>No. of Children Supplied</i>
T.T.	12	13	2,532
Pasteurised ..	53	534	88,768
Accredited ..	13	13	. 802
Undesignated	1	1	11
	—	—	—
	79	561	92,113
	—	—	—

Source : Statistics supplied by the Director of Education and the County Health Department.

(c) Table 29. Milk for Handicapped Pupils unable to attend School

No. of old applications renewed	16
No. of new applications granted	19
Total number of children receiving cheap milk at home	—
	35
	—

Source : Records kept in the office.

(d) School Meals

The Director of Education has kindly supplied the information for the following remarks :

The service has been progressing steadily and in spite of the continued ban, which will not allow the service to be introduced into existing schools where there are no meals being served, there has been a steady increase in the number of children who partake of the meal. The average number of meals served per day is 49,200 as against an average of 46,000 for 1951. No cases of food poisoning have been reported.

There have been several Kitchen Dining Rooms opened most of which are in new schools—several new wash-ups formed and many improved. Details are given below :

New Kitchen Dining Rooms

Marston C.P.

Aldridge, Pheasey C.P.

Wednesbury, Old Park C.P.

Willenhall, Stow Heath C.P.

Willenhall, Beacon C.P.

Tettenhall, Castelfcroft C.P.

Stone, Walton C.P.

Seisdon, Wrottesley Detached, Palmer's Cross C.P.

Newly formed wash-ups for dining centres already in operation

Leek R.C.

Biddulph Moor C.P.

Leek, St. Luke's C.E.

Leek, Beresford Memorial C.E.

Gnosall, Moreton C.E. (New dining centre with meals from Newport Central Kitchen)

Darlaston, Old Church V.P.

Darlaston, St. Joseph's R.C.

Drayton Bassett

(e) Physical Education

The Director of Education has kindly supplied the information for the following remarks :

The improvement in the quality of the work noted in previous years has continued while the provision of various types of climbing and agility apparatus in Primary Schools and improved facilities and equipment in Secondary Schools has been an added stimulous. Concrete cricket wickets have been provided for use on grounds where it is not possible to reserve a cricket square throughout the year,

All swimming baths were again fully used and a total of 4,482 County awards and Royal Life Saving Society certificates were awarded.

2,007 senior scholars and 114 teachers attended camps at Beaudesert Park, at Coven, or at the new girls' site at Cotwalton.

The position has been reached in connection with the provision of plimsolls where children do not have to share because there are sufficient supplies at schools for all children who do not provide their own.

(f) Children Neglected or Ill-treated in their Own Homes

In the Report for 1951 detailed reference was made to the provisions of the Joint Circular, dated the 31st July, 1950, of the Home Office, Ministry of Health and Ministry of Education in the above-mentioned connection and the method of implementation which had been adopted in the Authority's area.

Often cases coming within the categories mentioned in the Circular are brought to notice when children are being dealt with from a medical aspect within the School Health Service and the reference of such cases to the Local Co-ordinating Officers for consideration by the Committees set up, with the subsequent advice, assistance, etc., wherever possible, is proving of considerable value.

During the year some 24 cases were brought to notice as a result of School Health Service activities and were referred appropriately.

PART VI—UNCLEANLINESS

Table 30. Infestation with Vermin

(i) Total number of examinations in the schools by the School Nurses or other authorised persons	303,901
(ii) Total number of individual pupils found to be infested	12,957

Table 30 cont.

(iii) Number of individual pupils in respect of whom cleansing notices were issued (Sect. 54(2), Education Act, 1944) ..	158
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Sect. 54(3), Education Act, 1944) ..	71

Source : (i) and (ii) obtained from monthly returns from School Nurses.
(iii) and (iv) obtained from records maintained centrally.

Table 31. Analysis of Infestation

	<i>Body</i>	<i>Clothing</i>	<i>Head</i>	
			<i>Lice</i>	<i>Nits</i>
No. of children ..	338	366	910	11,343

Source : School Nurses' monthly returns.

The number of Sacker combs sold to parents during the year was 280.

PART VII—HYGIENE

Table 32. Inspection of School Premises

No. of schools inspected	516
No. of defects found	241
No. of defects rectified	59

Source : Records kept centrally of reports to and notifications from the Director of Education.

The discrepancy between the defects found and rectified is caused by economy measures and the fact that many defects are not rectified during the year in which they are found.

Table 33. Water Supplies in Schools

(a)	No. of schools at which samples taken ..	40
(b)	No. of samples taken for bacteriological and chemical examination	119
(c)	Results of (b)—(i) No. satisfactory ..	95
	(ii) No. unsatisfactory ..	24
(d)	Analysis of action taken about unsatisfactory specimens :	
	(i) Defects in chlorination remedied ..	5
	(ii) Mains supply available and being pressed for	3
	(iii) Private sources (via churns) investi- gated	2
	(iv) Alternative supply (via churns) ob- tained	1
	(v) Supply rendered satisfactory by im- provement	1
	(vi) New borehole which later provided a satisfactory supply	1
	(vii) Private source being investigated ..	1
	(viii) No alternative supply—boiling adop- ted	6
(e)	Schools without a piped water supply at 31.12.52	41
	Piped water supplies laid on during 1952	6

Source : County Health Department records.

PART VIII—HANDICAPPED PUPILS

(a) Table 34. Position regarding handicapped pupils at 31st December, 1952.

Category	Total known ascertained Pupils		Numbers in Special Schools		Number placed in Special Schools in 1952		Number awaiting admission to Special Schools		Number having Special provision in Ordinary School		Number having Home Tuition or Tuition in Hospital		Recommendation under Consideration	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Blind ..	12	5	9	4	—	—	2	1	—	—	1	—	—	—
Partially Sighted ..	24	26	14	18	2	4	5	1	4	7	—	—	—	—
Deaf ..	47	43	39	39	4	7	8	4	—	—	—	—	—	—
Partially Deaf ..	47	21	8	6	2	4	9	2	30	13	—	—	—	—
Delicate ..	36	24	4	1	14	5	32	23	—	—	—	—	—	—
Diabetics ..	3	4	—	—	—	—	—	—	3	4	—	—	—	—
Educationally Sub-Normal ..	430	221	100	59	18	10	146	72	165	83	4	—	17	7
Epileptics ..	30	18	8	2	3	1	2	2	19	13	—	—	1	1
Maladjusted ..	94	37	27	2	8	1	10	1	55	34	1	—	1	—
Physically Handicapped ..	174	149	31	31	47	38	37	27	87	78	27	21	—	—
Speech Defects ..	4	1	2	1	—	1	2	—	—	—	—	—	—	—
TOTALS ..	901	549	242	163	98	71	253	133	363	232	33	21	19	8
GRAND TOTALS ..	1,450		405		169		386		595		54		27	

N.B.—Pupils attending Hospital Special Schools are not included in this table.
Source : Records maintained centrally.

In Table 34 an attempt has been made to give easily understandable information about handicapped pupils without becoming excessively detailed in the analysis. The children included in the table do not all fall within the categories laid down in the Handicapped Pupils and School Health Service Regulations, 1945; this has been done to show the more mild types of handicap with which teachers cope in ordinary classes.

(b) **Table 35. Visiting of Educationally Sub-Normal Children by Mental Welfare Visitors**

Number of E.S.N. children on the visiting list at 31.12.51	42
Number of E.S.N. children referred during 1952	1
Number of Home Visits	58
Number of individual Progress Reports ..	16
Number of E.S.N. children on the visiting list at 31.12.52	30 .

Source : County Health Department records.

(c) **Table 36. Classification of children referred to the Mental Health Authority**

<i>Class</i>	<i>No. of Children</i>
Ineducable (Sect. 57(3) Education Act, 1944)	53
Ineducable (Sect. 57(4) Education Act, 1944)	—
Requiring supervision after leaving school (Sect. 57(5), Education Act, 1944) ..	26
	—
Total	79
	—

Source : Records maintained centrally.

(d) Table 37. Technical and Further Education

Category			No. of Trainees	Home Tuition	Correspondence Courses
Blind	..	..	7*	—	—
Deaf	..	..	2	—	—
Physically Handi- capped	..	..	2	10	7

*Three of these are over the age of 21 and are the responsibility of the Ministry of Labour

Source : Director of Education.

(e) Staffordshire Special Schools

Basford Hall	Residential	Maladjusted	30 boys	10-16 years
Cheslyn Hay	Day	E.S.N.	30 girls & boys	10-16 years
Standon Bowers	Residential	E.S.N.	60 boys	10-16 years
Walton Hall	Residential	E.S.N.	50 girls	10-16 years

These special schools cater for Staffordshire children only although at Basford Hall and Walton Hall a very few children from the areas of other Authorities are attending.

The general health of the children at the schools has been maintained satisfactorily and very few cases of infectious disease have occurred. The Assistant Medical Officers visit the schools twice each term to examine pupils and give special attention to those who are about to leave school.

Alterations are being carried out to the premises at Cheslyn Hay which will provide accommodation for an additional 30 children. It is hoped that these additional places will be available during 1953. There have been various improvements made in the facilities at the other schools.

PART IX. BOROUGH OF NEWCASTLE-UNDER-LYME (EXCEPTED DISTRICT)

Dr. John Warrack, School Medical Officer for the Borough of Newcastle, has kindly supplied the information for the following remarks :—

Staff

The arrangements for medical staff for the School Health Service in the Borough are similar to those appertaining to 1951 except that the part-time medical staff were transferred to clinic duties only in July when a full-time Assistant School Medical Officer was appointed.

The nursing staff for the School Health Service was as in 1951, there being engaged one full-time nurse and three full-time assistant school nurses and six health visitor/school nurses who devote 5/11ths of their time to this Service, in accordance with the arrangements made by the County Council for a School Health Service in the Borough of Newcastle-under-Lyme.

Arrangements made and methods adopted at Periodic Medical Inspections

The groups of pupils examined at periodic medical inspection during the year were as in previous years being as specified in Regulations 49 (2) (a), (b) and (c) of the Handicapped Pupils and School Health Service Regulations, 1945.

2,381 parents availed themselves of the opportunity to be present at the examination of their children. This figure represents 68.67 per cent. of the children examined which shows a decrease over last year's percentage of 78.71. This, in my opinion, is a most lamentable fact. The full benefit of the medical inspection of pupils can only be gained if the parents are present at the examination at which any defect is found in the child.

Review of the facts disclosed by Medical Inspection and of the methods employed for the treatment of defects

A—CLOTHING AND FOOTWEAR

Two children were found to have defective clothing or footgear, or both. Each case was visited by a school nurse and as a result of these visits the defective conditions were improved. This showed a marked improvement over the previous year's figure of eleven such children found.

B—NUTRITION

The nutrition condition of the children examined at periodic medical inspection is shown in Table II.B in the statistical tables at the end of this report.

C—UNCLEANLINESS

Only 40 children were found to have verminous heads at routine school medical inspection. This number represents 1.15 per cent of the total number of children examined, which is a vast improvement on the previous year's figure of approximately ten times this number. The improvement in my opinion, shows the success of the constant cleanliness inspections carried out by the nurses and the efficient cleansing of the offenders by the assistant nurses.

D—TONSILS AND ADENOIDS

At periodical and special examinations 105 children were found to be suffering from enlarged tonsils and/or adenoids of such severity as to warrant operation. During the year 255 cases received operative treatment. This number of course includes those awaiting treatment from the previous years or who have been referred for treatment by their own doctors. In addition there were 331 cases which required only medical treatment and/or observation.

E—TUBERCULOSIS

During 1952 none of the cases which were referred to the Chest Physician through the School Health Service were found to be suffering from active tuberculosis. Eight girls and two boys, however, of school age were referred to the clinic by their own doctors and found to be positive.

F—SKIN DISEASES

The number of cases of skin disease (dermatitis, impetigo, urticaria, etc.) discovered at medical inspection, requiring treatment was 53. The cases were referred for treatment either to General Practitioners, or the school Clinic and 29 to the Dermatological Clinic at the North Staffordshire Royal Infirmary.

G—EXTERNAL EYE DISEASE

23 cases suffering from external eye disease were referred for treatment during the year.

H—DEFECTIVE VISION AND SQUINT

239 cases of defective vision and squint discovered at routine and special medical examinations were referred for treatment, being 195 cases of defective vision and 44 cases of squint. During the year 300 cases of defective vision were submitted for refraction so considerably reducing the waiting list for examination which had accumulated due to the sudden retirement of Mr. Aubrey Jones owing to ill-health during 1951. Spectacles were prescribed in 288 of these cases and by the end of the year glasses had been obtained by 245 of these children.

I—EAR DISEASE AND HEARING

During 1952 there were 55 cases requiring treatment. 40 cases were treated at the school clinic and 15 at the North Staffordshire Royal Infirmary.

DENTAL DEFECTS

The full-time service has been continued during the whole period under review. At the beginning of the year the clinic was moved from St. George's Chambers, Merrial Street, to Friarswood House, where more accommodation was available, and about the middle of February at 'Kingsway,' a Dental X-Ray outfit was added to the dental equipment. This unit has been a great help in diagnosis.

Dental inspections were carried out at eight schools during the year and treatment was offered where indicated. The total number of children inspected was 3,346 and these

comprised 2,205 routine inspections and 1,141 special cases. Of the number inspected, 2,323 had dental defects and of this number 2,304 were referred for treatment.

Of the 2,205 routine inspections, 1,182 were in need of treatment and 1,163 were referred for treatment and the number accepting treatment 995. The acceptance rate for routine cases was 85.6% and that of specials 100%.

823 children attended for treatment on more than one occasion and total attendances for all purposes numbered 3,101.

The following operations were performed during the year :—

- 852 Permanent teeth extracted
- 3,044 Temporary teeth extracted
- 70 Permanent teeth extracted for regulation purposes
- 34 Temporary teeth extracted for regulation purposes
- 1,341 Amalgam and cement fillings
- 191 Silicate fillings
- 1,070 General anaesthetics
- 3 Root fillings
- 12 Orthodontic appliances
- 59 Orthodontic supervision
- 12 Trys-in
- 34 Dentures fitted
- 3 Alterations to denture
- 21 Applications of silver nitrate
- 77 Dressings
- 64 Scalings
- 150 Impressions
- 7 Root treatments
- 13 Gum treatments
- 5 Sockets syringed
- 1 Fraenectomy
- 7 Arrest of haemorrhage
- 121 X-rays

Advice was given to parents on 150 occasions and parents to the number of 1,234 accompanied their children to the clinic.

TREATMENT OF UNCLEANLINESS

The school nurses make periodic inspections of the children in school, class by class, to ascertain the condition of their heads with regard to nits, vermin, etc. The number of examinations carried out were 68,519. 4,093 children were found to be infested and cleansing notices were issued in respect of each case. Of this number 745 were dealt with at the cleansing sessions at school clinics.

MINOR AILMENT CLINICS

There are five school minor ailment clinics in the area as follows :—

Knutton—High Street
Silverdale—Mill Street
Chesterton—Broadmeadow
Wolstanton—Lily Street
Newcastle—Friarswood House

All minor ailments are treated at school clinics and the cases dealt with are included in Table IV, Group I of the statistical tables at the end of this report. During the year the number of attendances at the various clinics were 23,707. This number shows a considerable increase of attendances over 1951. The majority of the increase is due to an outbreak of warts which occurred amongst school children in the Borough and which necessitated special precautions against the infection being carried in ordinary school work and in particular through the medium of the Public Swimming Baths.

Parents and teachers send to the clinics any cases which they consider require attention and cases are also referred to the clinics for the treatment of defects found at periodic inspections.

OPHTHALMIC CLINIC

This clinic is held each Tuesday morning and afternoon in the Ophthalmic Room at Friarswood School Clinic. During the year 300 children had refractions carried out and in 288 cases spectacles were prescribed. I should like to draw the attention of the Committee to the valuable work carried out by Mr. A. N. Cameron, the Ophthalmic Surgeon, who has done everything in his power to reduce the waiting time between it being found necessary for a child to be examined and the examination.

SUN RAY CLINIC

The Sun ray clinic at Friarswood House, Priory Road, Newcastle, has continued to function satisfactorily during the year. This clinic is held on Wednesday afternoons from 2 p.m. to 4 p.m. and Saturday mornings from 9.30 to 11.30 a.m. A qualified Physiotherapist is in attendance at both sessions and a Medical Officer is also present during the Wednesday afternoon sessions in order that a record can be kept of the progress made in a child's physical condition during treatment. During 1952, 157 children received one or more courses of treatment each course consisting of 13 attendances.

INFECTIOUS DISEASE

Cases of infectious disease and contacts are dealt with in accordance with the usual accepted medical practice.

SCHOOL MEALS REPORT

During the year January, 1952, to December, 1952, meals were supplied to the children in the Borough of Newcastle-under-Lyme from the Civic Restaurants namely: Chesterton, Knutton, Silverdale and Wolstanton (closed 31st March, 1952) and from the school kitchen dining rooms at Bradwell C.P. School, Ellison Street C.P. School, Silverdale C.P. School, the four Grammar schools and the four Nursery schools.

HOLIDAY FEEDING

As in previous years arrangements for the provision of school meals during holidays were made so that any child could, on application, receive a school dinner, but very few 'paid dinner children' took advantage of this scheme. Throughout the holidays meals were supplied, on rota, from Bradwell C.P. School K.D.R., Ellison Street C.P. School K.D.R. and Silverdale C.P. School K.D.R. and distributed to various school meals centres in the Borough.

Knutton and Chesterton Civic Restaurants were used as centres during the Summer holidays and supplied their own meals. Attendance varied throughout the year and marked fluctuations were noticed during the longer holidays.

EQUIPMENT

The policy of supplying additional equipment and replacing that which was, in both kitchens and schools, old and obsolete, continued during the year.

MEDICAL INSPECTIONS

Because of the special dangers of transmission of infectious diseases by food handlers, the Education Committee decided that appointments to the staff of the School Meals Service should be made only if the candidate fulfilled the medical requirements laid down, and that temporary employees and employees returning to duty after illness should obtain satisfactory medical certificates.

By the end of December, 1952, all present School Meals employees had been examined and treatment given to those who failed to reach the required standard.

Physical Training

GENERAL SURVEY

Further progress has been observed in all branches of Physical Education. The influence of local courses in this subject is reflected in the improved standards of work in schools of the Borough.

Replacements of plimsolls, shorts and vests have been made wherever necessary in order to ensure that all scholars in Secondary Modern Schools are completely equipped.

All scholars in Primary Junior and Primary Infants' Schools are provided with plimsolls, whilst scholars in Primary Junior Schools with indoor accommodation suitable for Physical Education are also supplied with shorts and vests.

Continued progress has been made in the provision of storage accommodation for plimsolls and clothing.

Clothing has still to be laundered in the children's homes. This scheme works reasonably satisfactorily although it has obvious disadvantages.

POSTURE

Systematic and progressive training in Physical Education generally speaking prevents postural defects developing.

PLAYING FIELDS AND GAMES

The area provided for field games throughout the Borough is totally inadequate for the numbers using the playing fields and regrettably the $7\frac{1}{2}$ acres of seeded ground at the Pool Dam Playing Fields, so badly needed, was still not available for winter games.

SWIMMING

Throughout the year all physically fit scholars in the first and second years of the Secondary Modern Schools have received thirty minutes swimming instruction weekly.

CAMPING

Some 315 scholars of Secondary Modern Schools have, throughout the Summer Term, attended camps organised by the Staffordshire Education Committee at Beaudesert, Coven and Cotwalton.

STATISTICAL TABLES

EXCEPTED DISTRICT OF THE BOROUGH OF NEWCASTLE-UNDER-LYME

TABLE I.

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools

A.—*Periodical Medical Inspections.*

Number of Inspections in the prescribed Groups

Entrants	..	..	..	..	..	..	1,461
Second Age Group	..	..	..	..	..	..	1,263
Third Age Group	..	..	..	..	..	..	743
TOTAL	..	..	..	..	..	..	3,467

B.—*Other Inspections.*

Number of special inspections	..	..	76
Number of re-inspections	..	..	810
TOTAL	..	..	886

C.—*Pupils found to Require Treatment.*

Number of individual pupils found at periodic medical inspections to require treatment (excluding dental diseases and infestation with vermin).

<i>Group</i>	<i>For defective Vision (excluding Squint)</i>	<i>For any of the other conditions recorded in Table IIA</i>	<i>Total Individual Pupils</i>
(1)	(2)	(3)	(4)
Entrants	5	179	164
Second Age Group	89	164	195
Third Age Group	58	88	98
Total	152	431	457

TABLE II.

A.--Return of Defects Found

<i>Defect or Disease</i>	PERIODICAL INSPECTIONS No. of Defects			SPECIAL INSPECTIONS No. of Defects	
	<i>Requiring treatment</i>	<i>Requiring to be kept under ob- servation but not treatment</i>	<i>Requiring to be kept under ob- servation but not treatment</i>	<i>Requiring treatment</i>	<i>Requiring to be kept under ob- servation but not treatment</i>
(1)	(2)	(3)	(4)	(5)	
Skin	42	62	12	15	
Eyes—					
(a) Vision ..	152	98	53	65	
(b) Squint ..	38	72	7	16	
(c) Other ..	14	28	1	4	
Ears—					
(a) Hearing ..	9	20	4	2	
(b) Otitis Media ..	9	32	4	3	
(c) Other ..	21	10	7	8	
Nose or Throat ..	99	288	10	51	
Speech	8	18	3	5	
Cervical Glands ..	4	132	2	24	
Heart and Circulation	15	77	18	169	
Lungs	31	200	6	46	
Developmental—					
(a) Hernia ..	11	18	4	6	
(b) Other ..	9	65	10	36	
Orthopaedic—					
(a) Posture ..	13	57	3	17	
(b) Flat Foot ..	29	98	4	23	
(c) Other ..	25	85	4	24	
Nervous system—					
(a) Epilepsy ..	2	6	1	2	
(b) Other ..	—	29	1	8	
Psychological—					
(a) Development ..	2	16	1	1	
(b) Stability ..	17	13	—	2	
Other	35	109	8	34	

B.—Classification of the General Condition of Pupils Inspected during the year in the Routine Age Groups

Age Groups	<i>No. of Pupils Inspected</i>	<i>A (Good)</i>		<i>B (Fair)</i>		<i>C (Poor)</i>	
		<i>No.</i>	<i>% of Col. 2</i>	<i>No.</i>	<i>% of Col. 2</i>	<i>No.</i>	<i>% of Col. 2</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1,461	787	53.9	655	44.8	19	1.3
Second Age Group	1,263	606	48.0	632	50.0	25	2.0
Third Age Group	743	495	66.6	248	33.4	—	—
TOTAL ..	3,467	1,888	54.5	1,535	44.3	44	1.2

TABLE III

Infestation with Vermin

(i) Total number of examinations in the schools by the school nurses or other authorised persons	68,519
(ii) Total number of individual pupils found to be infested..	4,093
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	4,093
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	745

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

Group I.—Diseases of the Skin (excluding uncleanness, for which see Table III).

							<i>Number of cases treated or under treatment during the year</i>	
							<i>By the Authority</i>	<i>Otherwise</i>
Ringworm (i) Scalp .. .. .	..	..	..	..	..	..	—	—
(ii) Body .. .. .	..	..	..	..	..	..	3	—
Scabies .. .. .	..	..	..	..	..	..	10	—
Impetigo .. .. .	..	..	..	..	..	..	46	—
Other Skin Diseases .. .. .	..	..	..	..	..	..	1,888	29
Total .. .. .	..	..	..	..	..	..	1,947	29

Group II.—Eye Diseases, Defective Vision and Squint

						<i>Number of Cases dealt with</i>	
						<i>By the Authority</i>	<i>Otherwise</i>
External and other, excluding errors of refraction and Squint .. .. .	..	..	..	..	..	186	10
Errors of Refraction (including Squint) .. .. .	..	..	..	..	..	300	8 squint
Total .. .. .	..	..	..	..	..	486	18
Number of pupils for whom spectacles were							
(a) Prescribed .. .. .	..	..	..	..	..	288	—
(b) Obtained .. .. .	..	..	..	..	..	245	—

Group III.—Diseases and Defects of Ear, Nose and Throat

	<i>No. of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
Received operative treatment		
(a) for diseases of the ear	—	2
(b) for adenoids and chronic tonsillitis	—	255
(c) for other nose and throat condition	—	4
Received other forms of treatment	714	—
Total	714	261

Group IV.—Orthopaedic and Postural Defects

(a) Number treated as in-patients in hospitals .. 23

	<i>By the Authority</i>	<i>Otherwise</i>
(b) Number treated otherwise, e.g., in clinics or out-patient departments	61	78

Group V.—Child Guidance Treatment

	<i>No. of cases treated</i>	
	<i>In the Authority's Child Guidance Clinic</i>	<i>Elsewhere</i>
Number of pupils treated at Child Guidance Clinics ..	Nil	1

Group VI.—Speech Therapy

	<i>No. of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
No. of pupils treated by Speech Therapists	Nil	Nil

Group VII.—Other Treatment Given

	<i>No. of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
a) Miscellaneous Minor Ailments	1,957	—
(b) Other	—	—
Total	1,957	—

TABLE V.

Dental Inspection and Treatment

(1) Number of pupils inspected by Dental Officers :--							
(a)	Periodic age groups	..	..	..	..	..	2,205
..(b)	Specials	..	..	..	..	..	1,141
	TOTAL	..	..	..	..	..	3,346
(2)	Number found to require treatment						2,323
(3)	Number referred for treatment						2,304
(4)	Number actually treated						2,162
(5)	Attendances made by pupils for treatment . ..						3,101
(6)	Half-days devoted to :	Inspection				..	12
		Treatment				..	363
	TOTAL	..	..	..	..	..	375
(7)	Fillings : Permanent Teeth						1,518
	Temporary Teeth						14
	TOTAL	..	..	..	..	..	1,532
(8)	Number of teeth filled : Permanent Teeth						1,320
	Temporary Teeth						11
	TOTAL	..	..	..	..	..	1,331
(9)	Extractions : Permanent Teeth						852
	Temporary Teeth						3,044
	TOTAL	..	..	..	..	..	3,896
(10)	Administration of general anaesthetics for extraction ..						1,070
(11)	Other operations : Permanent Teeth						396
	Temporary Teeth						20
	TOTAL	..	..	..	..	..	416

